

PAGE	1	OF	6
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00489799</span> </div>
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Check if ☐ 24-hour report ☒ 48-hour report ➤
☒ New report ☐ Amends report filed on 
 

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Full Name of Payee <b>Itzamna Translations Company</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 06 / 2016	
Mailing Address P.O. Box 1015		Amount 19.98	
City Glendale	State AZ	Zip Code 85311	<b>Transaction ID : B620252</b> Date of Disbursement or Obligation MM / DD / YYYY 06 / 06 / 2016
Purpose of Expenditure Translation services		Category/ Type 004	
Name of Federal Candidate Catherine Cortez-Masto		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought 17255.26		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee <b>Alliance Marketing Distributor, Inc.</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>07 / 18 / 2016</div> </div>	
Mailing Address    133 Industrial Ave.		Amount <div> <div>_____</div> <div>80.42</div> </div>	
City Hasbrouck Heights	State NJ	Zip Code 07604	<b>Transaction ID : B620456</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>07 / 18 / 2016</div> </div>
Purpose of Expenditure Printing of postcards and posters-Estimated costs.		Category/ Type <div>003</div>	
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NV</u>
Calendar Year-To-Date Per Election for Office Sought <div>17255.26</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	100.40
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Bully Pulpit Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2016</b>	
Mailing Address <b>1140 Connecticut Ave NW #800</b>		Amount <b>7049.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B620458</b>
Purpose of Expenditure Online advertising-Estimated costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2016</b>
Name of Federal Candidate <b>Joseph Heck</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2016</b>	
Mailing Address <b>1110 Vermont Ave N.W. #300</b>		Amount <b>10000.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20005</b>	Transaction ID : <b>B620453</b>
Purpose of Expenditure Visibility events-Estimated costs.		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2016</b>
Name of Federal Candidate <b>Joseph Heck</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>17049.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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Date

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**07 / 21 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 20 / 2016</b>	
Mailing Address 123 William St, 10th Floor		Amount <b>35.00</b>	
City New York	State DC	Zip Code 10038	Transaction ID : <b>B620467</b>
Purpose of Expenditure Payment for event tickets-Estimated costs		Category/Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 20 / 2016</b>
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Itzamna Translations Company</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>06 / 06 / 2016</b>	
Mailing Address P.O. Box 1015		Amount <b>70.86</b>	
City Glendale	State AZ	Zip Code 85311	Transaction ID : <b>B620251</b>
Purpose of Expenditure Translation services		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>06 / 06 / 2016</b>
Name of Federal Candidate Joseph Heck		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NV</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>105.86</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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**07 / 21 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Alliance Marketing Distributor, Inc.</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 18 / 2016</b>	
Mailing Address <b>133 Industrial Ave.</b>		Amount <b>723.74</b>	
City <b>Hasbrouck Heights</b>	State <b>NJ</b>	Zip Code <b>07604</b>	Transaction ID : <b>B620457</b>
Purpose of Expenditure Printing of postcards and posters-Estimated costs.		Category/Type <b>003</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 18 / 2016</b>
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Bully Pulpit Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2016</b>	
Mailing Address <b>1140 Connecticut Ave NW #800</b>		Amount <b>14098.26</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20036</b>	Transaction ID : <b>B620459</b>
Purpose of Expenditure Online advertising-Estimated costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2016</b>
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>14822.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Deirdre Schifeling

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**07 / 21 / 2016**

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Blueprint Interactive</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2016</b>	
Mailing Address <b>2229 North Pollard St</b>		Amount <b>13394.00</b>	
City <b>Arlington</b>	State <b>VA</b>	Zip Code <b>22207</b>	Transaction ID : <b>B620460</b>
Purpose of Expenditure Online advertising-Estimated costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2016</b>
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Network Solutions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 19 / 2016</b>	
Mailing Address <b>13861 Sunrise Valley Dr #300</b>		Amount <b>15.99</b>	
City <b>Herndon</b>	State <b>VA</b>	Zip Code <b>20171</b>	Transaction ID : <b>B620465</b>
Purpose of Expenditure Purchase of domain name-Estimated costs		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>07 / 19 / 2016</b>
Name of Federal Candidate <b>Donald Trump</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <b>US</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>13409.99</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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*Deirdre Schifeling**[Electronically Filed]*

Date

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00489799       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Community Outreach Group LLC</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 20 / 2016</div> </div>	
Mailing Address 1110 Vermont Ave N.W. #300		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">10000.00</div>	
City State Zip Code Washington DC 20005	<b>Transaction ID : B620454</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 20 / 2016</div> </div>		
Purpose of Expenditure Visibility events-Estimated costs.	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Planned Parenthood Action Fund Inc.</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 20 / 2016</div> </div>	
Mailing Address 123 William St, 10th Floor		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">35.00</div>	
City State Zip Code New York NY 10038	<b>Transaction ID : B620468</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 07 / 20 / 2016</div> </div>		
Purpose of Expenditure Payment for event tickets-Estimated costs	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">003</div>		
Name of Federal Candidate Donald Trump		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>US</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">10035.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">55522.25</div>

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